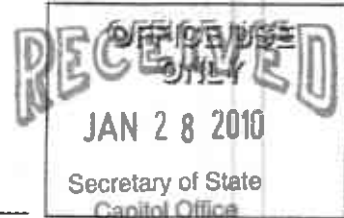


**CANDIDATE REPORT OF 2009
RECEIPTS AND DISBURSEMENTS**



Name of Candidate WILBERT L. JONES
Address P.O. BOX 2130 MERIDIAN, MS 39302-2130 County LAUDERDALE
Telephone (Work) 601-917-4330 (Home) 601-482-4539 (Fax) 601-482-4521
Contact Name WILBERT L. JONES Email Address wcatjones4@comcast.net
Office Sought MISSISSIPPI HOUS OF REP. DIST. 82 Political Party DEMOCRATIC



Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ June 2, 2009 Pre-Election Report (period from January 1, 2009 to May 30, 2009).....Mandatory
☐ June 23, 2009 Pre-Election Report (period from May 31, 2009 to June 20, 2009).....Runoff Candidates
☐ January 31, 2010 Annual Report (January 1, 2009 through December 31, 2009).....Mandatory
☒ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	\$ 1,650.00 + \$ 420.00 = 0	\$ 1,970.00	\$ 30,558.99
Total amount of disbursements \$	\$ 660.00 + \$ 350.68	\$ 1010.68	\$ 28,762.25
Total amount of cash on hand \$ 1,796.74			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

WILBERT L. JONES

01/25/10

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee WILBERT L. JONES
 Reporting period 07-01-2009 through 12-31-2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC MISSISSIPPI</u>	<u>09/01/2009</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39215-1640</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>AT&T Mississ: PPI PAC</u>	<u>09/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. CAPITAL LANDMARK RM703</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MS Hospital ASSO. PAC</u>	___/___/___	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 16444</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39236-6444</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MS Power Company State PAC</u>	___/___/___	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4079</u>	___/___/___	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Wilbert L. Jones
Reporting period 07-01-2009 through 12-31-2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Wilbert L. Jones</u>	Date (Mo., Day, Year) <u>07/14/09</u>	Amount of each disbursement this period \$ <u>660</u>
Mailing Address <u>4521 B Place</u>		
City, State, Zip Code <u>Meridian, MS 39361</u>		
Purpose of Disbursement (Optional) <u>Travel + Mileage</u>	Aggregate Year-to-date	\$ <u>660.</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$